

## Frequently Asked Questions Radiology Management Program

The Alabama Medicaid Agency (The Agency) is partnering with MedSolutions to provide prior authorization review of select high-tech outpatient elective diagnostic imaging procedures for select Medicaid recipients.

### 1. When will the program become be effective?

This will become effective March 2, 2009. MedSolutions will begin accepting authorization requests by web, phone and fax on this date.

### 2. Which high-tech outpatient diagnostic imaging procedures require prior authorization?

Prior authorization is required for the following outpatient diagnostic imaging procedures:

- CT
- MR
- PET

Prior authorization is NOT required for the following outpatient diagnostic imaging procedures:

- Nuclear Cardiology Medicine
- Myocardial Perfusion Studies
- Studies that are non-covered by The Agency

### 3. Is prior authorization required for inpatient or emergency situations?

No. It is not necessary to contact MedSolutions to preauthorize any imaging procedure performed during an inpatient stay, 23 hour observation or testing done in the emergency room.

### 4. Which recipients are affected by this change?

The radiology program applies only to the following Medicaid recipients:

- Those certified as children through the SOBRA (Sixth Omnibus Budget Reconciliation Act) Program
- Those certified through the Medicaid for Low Income Families Program
- Refugees
- Those certified for Supplemental Security Income (SSI)

Services provided to eligibles certified as follows do not require prior authorization:

- Dual Eligibles (Medicare/Medicaid)
- Plan First Eligible
- SOBRA Adults
- Individuals granted emergency Medicaid due to their illegal alien status

## 5. How does the MedSolutions prior authorization program work?

For routine prior authorization requests, the ordering physician should contact MedSolutions with the required medical information prior to the procedure being scheduled and performed. The request will be immediately approved or additional information will be requested. Upon receipt of this information, MedSolutions will render a decision within one (1) business day or as required by Federal or State regulations.

## 6. How can I submit prior authorization requests to MedSolutions?

You can submit prior authorization requests to MedSolutions for outpatient diagnostic imaging procedures by phone at (888) 693-3211 or by fax at (888) 693-3210 during normal business hours 7:00 AM to 8:00 PM CT. You can also submit them through MedSolutions' secure website at [www.MedSolutionsOnline.com](http://www.MedSolutionsOnline.com).

The MedSolutions web portal may provide you with an immediate approval depending on the type of service requested. The portal also has helpful radiology reference information for your office such as a complete CPT code list, diagnostic code list, and specific guidelines to assist you in determining the most appropriate imaging for your patient's condition. In addition to these benefits, the MedSolutions portal offers you:

- Convenience - requestors have 24/7 access to submit cases or check on the status of your request,
- Speed - requests submitted online require half of the time (or less) as those taken telephonically
- Efficiency – medical documentation can be attached to case on initial submission reducing follow-up calls and consultation.
- Real Time Access - requestors can see real-time status of an authorization request
- Patient History - requestors can see all cases for a member

## 7. What is MedSolutions' response time?

In many cases, especially when the caller requesting the review has sufficient clinical documentation, the request can be preauthorized during the first phone call. In general, approximately 60-65 percent of all requests are approved during the initial contact.

In certain cases, the review process can take longer if additional clinical information not supplied during the request is required to make a determination. The best way to increase the possibility of having a request approved at the time of the first call is to have knowledge of the case including:

- The patient's name & address and Recipient ID.
- Prior tests, lab work and/or imaging performed related to this diagnosis
- Notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis
- The patient's history and diagnosis
- Reason for study
- Results of previous imaging studies, and
- History of medical or surgical treatment.

**8. Where can I obtain a copy of the clinical guideline used in my case?**

You may contact MedSolutions to request a copy of the specific guideline used in your case. All MedSolutions guidelines are available at [www.MedSolutionsOnline.com](http://www.MedSolutionsOnline.com).

**9. Can MedSolutions handle multiple requests for prior authorization per phone call?**

Yes, within reason. We ask that no more than 10 prior authorization requests be given during a single phone call. You may prefer the convenience of the web, available 24/7 for batching prior authorization requests ([www.medsolutionsonline.com](http://www.medsolutionsonline.com)).

**10. Are physicians required to obtain prior authorization *before* they call to schedule an appointment?**

Except in an emergency, physicians should always obtain prior authorization before scheduling the patient.

**11. What if my office has an urgent request?**

If there is a clinically urgent need for testing, the ordering physician/office must call MedSolutions with the required medical information prior to the procedure being scheduled and performed. The ordering physician should attest to MedSolutions this is a **clinically urgent** request. The request will be immediately approved or additional information will be requested. MedSolutions will turn clinically urgent requests around within one business hour, or as required by Federal or State regulations.

**12. What if my office staff forgets to call MedSolutions and then goes ahead to schedule an imaging procedure requiring prior authorization?**

It is important to notify office staff and educate them about this new policy. **It is the responsibility of the ordering physician to obtain prior authorization.** Providers rendering included studies should verify that the ordering physician has obtained the necessary prior authorization prior to scheduling. **Failure to do so may result in non-payment of your claim, and recipients must be held harmless.**

**13. How long is a prior authorization number valid?**

The prior authorization is valid for 60 days from the date of issue.

**14. What does an authorization number look like?**

The prior authorization number is a 10-digit alphanumeric number (e.g. 6909237145).

**15. Is it required to place the authorization number on the claim?**

No. You do not need to enter the authorization number on the claim form or via the electronic transaction. It is highly recommended, however, that imaging providers document and archive imaging prior authorization numbers.

**16. If a rural hospital only has a mobile MRI available to the facility on Tuesday and Thursday, and a patient comes into the ER on Saturday, can the ER physician write an order for an MRI to be taken on Tuesday and have it considered an emergency and bypass prior authorization?**

It is not an emergency if the patient can wait until Tuesday. If the situation truly is emergent, the ordering physician should have the patient transferred immediately to a hospital that has MRI equipment.

**17. What happens if a patient is preauthorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?**

The radiologist or rendering physician should contact MedSolutions to submit a radiology report and seek authorization for the added study. As a matter of courtesy and appropriate medical procedure, the radiologist or designated person from the radiology facility should also notify the patient's referring physician of the additional test.

**18. What happens if a patient is authorized for a CT without and with contrast but the radiologist determines that the contrast is not necessary?**

The facility or the referring physician's office staff may email the authorization number and CPT "down-code" change to AuthChange@MedSolutions.com prior to the claim being filed.

**19. How are procedures that do not require MedSolutions prior authorization handled?**

Prior authorization is NOT required for the following outpatient diagnostic imaging procedures, Nuclear Cardiology & MPI, Non-Covered services. For a list of procedures included in the program please navigate your web browser to:

[http://www.medicaid.alabama.gov/billing/prior\\_auth\\_radiology\\_mgmt.aspx?tab=6](http://www.medicaid.alabama.gov/billing/prior_auth_radiology_mgmt.aspx?tab=6)

**20. If MedSolutions denies prior authorization of an imaging study, do I have the option to appeal the decision?**

Prior to a decision to deny a prior authorization request, the MedSolutions Provider Response Unit (PRU) will contact the ordering physician and offer a peer-to-peer conversation, so the MedSolutions and referring physicians can discuss the clinical indications of the case and decide the appropriate imaging for the patient. If MedSolutions still makes the decision to deny the request at the end of this conversation, the ordering physician can appeal to The Agency through informal review and ultimately through the Fair Hearing process if necessary.

**Important! The Agency retains responsibility for appeals and grievances; there is no change from how these are currently handled. Therefore, please submit written appeals to the address provided on the initial determination letter.**

Physicians are always welcome to have a peer-to-peer discussion with a MedSolutions physician about any decision by calling MedSolutions at (888) 693-3211, during normal business hours, or as required by Federal or State regulations.

**21. Whom should I contact with questions about the Radiology Program?**

If you have additional questions about the radiology management program, please contact MedSolutions at (888) 693-3211.